THE TURKISH ELDERLY IN THE WESTERN SUBURBS OF MELBOURNE:
MEETING THEIR NEEDS

by

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This paper is a report of a project conducted by the Ecumenical Migration Centre in 1986. The project received financial assistance from the Myer Foundation.
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1. INTRODUCTION

The Ecumenical Migration Centre is an independent welfare agency, which has for many years been involved in the provision of direct welfare services, and community development with Melbourne's Greek, Turkish and Vietnamese communities.

EMC's Turkish Community Development Project was established in 1974 with the assistance of the Ian Potter Foundation. The aim of that project was the development of stable, supportive organisations within the Turkish community as the best method of meeting the overwhelming needs of many Turkish people. This aim remains a major emphasis of the EMC's Turkish work which is based on a combination of direct welfare service provision, community development and education.

Since 1974 ongoing assistance has been provided for the establishment and development of Turkish Welfare and Child Care organizations in Melbourne, the Sunraysia District and the Goulburn Valley and these organizations now provide a range of services for their community. However they still seek assistance from EMC's Turkish Unit for the expansion of existing services and the development of new ones.
On the basis of information collected through EMC's Turkish work, the original proposal for this project was formulated in early 1985.

The elderly Turkish-speaking community began to emerge as a group with special needs.

Patterns of Turkish Migration to Australia.

The majority of Turkish people from Cyprus initially came in the post-war years as a result of preference given resulting from their service in the British Armed Forces during the Second World War. Once established, they then sponsored others.

In 1967 the Turkish and Australian governments concluded a migration agreement which covered the recruitment of Turkish workers for employment in Australia's manufacturing sector.

Turkish migrants selected under this agreement were generally unskilled, had comparatively low education and were from rural areas. Most had little experience of either working or living in the type of urban, industrialised settings they were to face in Australia.

The large scale migration programme from Turkey operated from 1968 until 1974, when there was a downturn in the Australian economy and unskilled workers were no longer required.

Estimates of the numbers of people of Turkish origin vary, but it is believed that there are between 25,000 and 30,000 in Victoria. The majority live in Melbourne, but there are significant numbers in the Mildura district, the Goulburn Valley and Geelong.

The lack of appropriate resources and facilities such as English language classes, interpreters, health, child care and welfare services during the years of the migration programme, followed by the prolonged recession in the manufacturing sector, has meant that the Turkish community continues to remain in a disadvantaged position in Australia.

Very few bilingual or professionally qualified Turkish people were selected under the migration programme and, given the difficulties Turkish students face in the Australian education system, it will be many years before the Turkish community is able to develop the infrastructure of professionals and services which now exists within the longer established ethnic groups. This means that Turkish people will continue to be disadvantaged in relation to resources, information and access to services.

Migrating to Australia late in life, it is often difficult to adjust to an alien culture, language and system. Most of the elderly involved in the study were sponsored to Australia by their children under the Family Migration Program. This entails the sponsors signing a maintenance guarantee system, which makes them entirely responsible for all their living costs, accommodation, medical expenses etc. of their parents for a period of 10 years.
EMC has seen many cases where these agreements have broken down, causing family conflict and severe emotional and financial hardship to the elderly. In these situations affordable accommodation has been difficult to find. Isolation and loneliness can be very big problems, particularly when family relationships have deteriorated.

Rationale

All ageing people in the community can face problems of decreasing mobility, poor health, diminished financial resources, lack of family support, isolation and loneliness.

Elderly people of ethnic origin, in addition, often face language difficulties, emotional and financial dependence on their families, problems of adjustment to a new culture, distance from loved ones and familiar support systems, and over-crowded living arrangements.

EMC staff were aware that little was really known about how the Turkish elderly as a group were coping with these pressures, or what specific difficulties they may be facing as a group, and this prompted the development of a project to look at their needs in particular. In addition, staff were aware that the Turkish elderly known to them were not using existing aged services in their local communities. This lack of take-up of services by the ethnic aged has been cited elsewhere.

"It is generally accepted by those who work in aged care as uncontroversial, notwithstanding the paucity of statistics, that the ethnic aged are significantly under-represented as utilisers of the existing services for the aged. This is said to apply to the whole spectrum of aged care services: nursing homes, hostels, self-contained units, home nursing services, delivered meals services, home care services and elderly citizens' centres".1

The Western Region of Melbourne was selected as most of our referrals from Turkish elderly came from that area. Demographical evidence shows that: "...the aged born overseas in non-English-speaking countries are concentrated in a band of local government areas stretching from the West (Keilor, Sunshine) to the Northwest.....and extending into the inner suburban areas..." 2

The objectives of the project were:

1. to assess the problems and needs of a group of Turkish elderly people living in the Western suburbs of Melbourne;

2. in conjunction with the elderly to develop possible options for meeting their needs;

3. through the consultative process, to help participants gain an understanding of the services available to them and how to gain access to them;

4. to encourage the development of self-help networks and encourage participation in community affairs amongst participants.
3. METHODOLOGY

Steering Committee

A steering committee was set up in January 1986, consisting of:

Ms. Jill Wheeler, Co-ordinator Community Services, EMC, and Co-ordinator of Project.
Mr. Romans Mapolar, Turkish Welfare Worker, EMC, and Project Worker.
Ms. Mube Akinci, Social Worker, DIEA, and previously with Sunshine City Council, (until August 1986)
Mr. Sermen Erdogan, Co-ordinator Ethnic Health Workers, Health Commission Victoria.
Mr. Erol Ata, Ethnic Health Worker, Health Commission Victoria, (based at Sunshine Health Complex in St. Albans)
Mr. Mark Deasey, Community Educator, EMC (from September 1986)

The Steering Committee established monthly meetings. Initially it refined the objectives, and defined more clearly a range of details such as geographical areas to be surveyed, the roles of Project Co-ordinator and the Project Worker and the participants for the project. It also provided a useful forum for staff actually involved in the work of the project to feed back progress on tasks on a regular basis, and provided an opportunity for general discussion at each stage of the project.

Geographical Limitations.

It was decided to confine the study to the municipalities of Sunshine, Footscray and Kellar, for two reasons:

1. the original proposal referred to "Melbourne's Western Region" and this was clearly too big an area to cover within the constraints of the revised project;

2. it was anticipated that these 3 municipalities encompassed the suburbs where the larger concentrations of Turkish elderly people resided. The likely total numbers of Turkish-speaking elderly people in each municipality is not known.

Questionnaire.

The questionnaire was adapted from one devised by Health Commission Workers to survey a range of ethnic elderly groups in Melbourne's Western Region.

The questionnaire was modified by deleting some of the more detailed questions about health issues and adding some more about socialization, and cultural factors.

The questionnaire was administered to participants personally and individually by the Project Worker (except for a small number which were administered by 2 members of the Steering Committee). This method of gaining information i.e. personal contact from an individual who is part of the same cultural group and seen as "credible", was considered to be important in terms of gaining participants' confidence and cooperation in stating what their real problems and needs were.

Each questionnaire was identified by a number for the purposes of confidentiality, whilst a master list of participants' names and addresses was kept by the Project Worker.
The findings of a second questionnaire are also referred to in this study. A group of 22 elderly and middle-aged Turkish people were consulted, using the questionnaire format of the D.I.E.A. Review of Migrant and Multicultural Programmes and Services (R.O.M.M.P.A.S.) 1986, about their use of services, attendance at English classes, and socialization patterns. As there was considerable overlap between the 2 groups of interviewees, the ROMMPAS findings have been quoted to emphasize or clarify the findings of the specific elderly survey.

The Sample

In all approximately 50 people took part in the study. Data were gathered through administration of the questionnaire, group discussions, a literature search and community consultations.

Administration of Questionnaire

32 participants were seen individually. There were 22 who completed questionnaires as part of the ROMMPAS consultation and it was essentially this latter group who took part in discussion at the group meeting on 13th August 1986.

The majority of the participants were known to the Project Worker, either through his welfare work at EMC or socially through his participation in activities with the Turkish community in the Western suburbs. A few were known to Turkish-speaking members of the Steering Committee.

It was felt that these people represented a fairly good cross section of backgrounds, length of settlement periods, occupational histories and family network patterns, with an appropriate proportion of males and females, so that it was not necessary to see a large number of respondents through other sources. There were 22 from the City of Sunshine, 7 from Keilor and 1 from Footscray. At the group meeting there were rather more participants from the City of Footscray.

Group Session.

The participants were invited to a meeting on 13th August at EMC (Richmond Office). 22 Turkish elderly persons attended, plus members of the Steering Committee and other interested personnel, e.g. workers from the Australian Turkish Welfare Association (based in Mentone) and other EMC staff. The aims of this meeting were:

(1) to provide an opportunity for participants to discuss some of the problems raised individually with the Project Worker during completion of the questionnaire;

(2) to disseminate information to participants on relevant services available in the community;

(3) to provide participants with a social occasion they would enjoy (preparing and eating a meal together);

(4) to find out what the participants felt they needed in terms of group experiences, e.g. was a self-help group possible or even desirable?
Literature Search.

A survey of relevant literature was made by the Project Co-ordinator and is quoted throughout this report.

Community Consultation.

Contact was made with Aged Services Personnel from all 3 municipalities covered in the survey. As well as being informed of this project, they were asked about their programmes for the ethnic elderly in particular, and there was discussion about ways in which our findings may or may not be useful to them. Details of these discussions are presented in the next section.

There was also discussion with workers from the Australian Turkish Welfare Association in Mentone, which was interested in conducting a similar programme, and with the Western Regional Council for Social Development which was conducting a consultation with elderly groups in the Region with regard to human rights in the the areas of housing, transport, health, recreation and income security. The outcomes of this latter report: "Consultation with the Elderly on Human Rights - Western Region", October 1986, are relevant and help to place this study in a community context. 3.
4. COMMUNITY CONTEXT

The Western Region.

The Western Region incorporates the 9 local government areas of:-
Altona, Bacchus Marsh, Essendon, Footscray, Keilor, Melton, Sunshine,
Werribee and Williamstown.

Community Services Victoria had adopted these boundaries as the basis for
its Regionalization Programme and for its Family and Community Services
Programme.

Traditionally the region has been regarded as highly industrialized and
deprived. It has been seen as a place of residence for lower income
 earners and newly arrived immigrant groups.

In the "Western Region Social Profile" which was compiled in 1984 the
observation is made:

"One quarter of Melbourne's population live in the West and that population
is still rapidly growing. A distinctive feature of the Region is that it
is infrastructurally deprived - the development of transport, public
housing, education services, retail outlets and community services has not
kept pace with the population growth and the changing nature of the
population". 4

This writer goes on to observe:

"Another distinctive feature of the Region is the large and growing numbers
of young people in several of the outer municipalities in the West, and the
expanding aged population in the inner municipalities of the Region. Both
groups will require a diversity of services that currently barely exist in
the Region". 5

Footscray's population is said to be ageing with an increase in the 65+
years age group of 8.7% since 1976. 39% of its population was born
overseas.

Whilst Keilor and Sunshine have relatively low proportions of aged people
in their populations, they both have high percentages of their population
born overseas - Sunshine 39.8% (major groups Maltese, Yugoslav and Italian)
and Keilor 35% (major groups Italian, Maltese and Yugoslav). Poor public
transport is also a feature of both of these municipalities, and Sunshine
has inadequate outdoor recreational areas.

Services for the Aged in Sunshine, Footscray and Keilor.

All 3 municipalities have brochures in English advertising their services
Sunshine has some multilingual information and Keilor and Footscray were
working on this, but information in the Turkish language would not be
available due to the small size of the Turkish population in each
municipality. All 3 municipalities offer the following services:
- Home Help
- Meals on Wheels
- Home Maintenance Service
- Senior Citizens Centres, and
  chiropody/podiatry (operating for Senior
  Citizens Centres.)
The cities of Footscray and Sunshine also offer mini-bus services to aged and disabled residents to help them become involved in local programmes and services.

Footscray and Keilor offer a free library service for housebound residents, and Footscray offers an over 50's Sporting Program and a Home Care Service, which is an extension of the Home Help Service offering more "flexible, practical and emotional support, particularly to physically or mentally frail elderly and their carers and to isolated elderly people".6

The City of Sunshine also advertises that it provides sponsorship to Ministry of Housing Elderly Persons flats to past or current residents or elderly relatives of local families, and an information and referral service regarding its range of services.

With regard to Centre-based activities, all 3 municipalities were trying in various ways to take account of their ethnic elderly groups but there was an overall impression that Council services were very much underutilized by non-English speaking elderly people. The Turkish elderly in particular were not a significant group of users in any of these municipalities.

The City of Footscray has four Senior Citizens Centres. They have incorporated an Italian elderly group into the West Footscray Centre and were negotiating to get a Greek Group incorporated into the Yarraville Centre. In addition, there are Polish, Vietnamese and Filipino elderly groups operating in the municipality and the Footscray Migrant Resource Centre assists these groups.

Aged Services personnel at Footscray said they had very little contact with any Turkish elderly people, but that they would welcome a Turkish elderly group using one of their centres. However, the group would have to be self-supporting, Council only being able to provide the premises at no cost.

The City of Sunshine operates 6 Senior Citizens Centres and 2 of these - at West Sunshine and St. Albans - are multicultural centres ie: a number of different ethnic groups use the centres at different times and there is one day when the Centre can be used by all groups.

Some elderly Turkish people were known to council community services staff, but they tended to be a minority amongst the ethnic aged and they were not meeting as a group. Council staff felt that should such a group be formed it would be welcome to make use of the Multicultural Centres as the other ethnic groups do.

The City of Keilor has 3 Senior Citizen Centres, at Avondale Heights, Niddrie and St. Albans, In addition, there is an Italian Pensioners' Club and a group organized by the Greek Orthodox Community of St. Albans, plus several ethno-specific groups eg. Egyptian elderly, which are fairly informal, and appear to have originally started at the instigation of a worker with an interest in this particular ethnic group.

The St. Albans Centre is in fact a Multicultural Centre with an apparently successful mix of a range of ethnic groups, but the Turkish elderly are evidently not participants.
5. ANALYSIS OF DATA

The findings presented here are the result of the administration of a questionnaire (see Appendix I) to 32 elderly Turkish people living in the municipalities of Footscray, Sunshine and St. Albans.

Reference is also made to the findings of a consultation conducted by EMC carried out under the Review of Migrant and Multicultural Programmes and Services (ROMMPAS) in which 22 elderly and middle-aged Turkish people were asked questions about their use of services, attendance at English classes, and socialization patterns.

Questionnaire Findings

Of the 32 respondents to the questionnaire 17 were male, and 15 female.

Ages ranged from 54 to 80; 11 were between 54 and 60, 8 were aged 60 - 64, 7 were aged 65 to 69, 1 was aged between 70 and 74, and 7 between 75 and 80. The presence of a substantial group aged less than 60 could be a reflection of the fact that, in the context of lower life expectancy in their country of origin, this group is also considered to be elderly.

Country of Origin

Twenty-five respondents gave their birthplace as Cyprus, six Turkey, and one Romania. This distribution does not reflect the make-up of the Turkish-speaking population as a whole, but the fact that migration from Cyprus took place much earlier than the main migration from Turkey, and those first immigrants have subsequently aged. The aged born in Turkey more often emigrated recently and in old age, being sponsored by children established here. There are some Cyprus-born however, who have come recently, sponsored by children, as is shown by the pattern of arrival dates. Of the R.O.M.M.P.A.S. group, fifteen respondents gave Cyprus as their birthplace, of whom five specified 'Northern Cyprus'. Five were born in Turkey, and two in Western Thrace, the province of Greece bordering on Turkey.

Date of Migration


The ROMMPAS questionnaire mentioned earlier further explored one issue relating to residence in Australia. The findings for this group were these:

Two of the respondents (apparently a married couple) had been only 9 months in Australia. Six had been here between three and seven years, three between 15 and 18 years, and four between 35 and 38 years. The longest settled were all from Cyprus, but there was no clear correspondence with birthplace for the other groups.

When asked whether they identified themselves as Turkish, Australian, or both, seventeen responded 'both', two (the couple who had been here 9 months) gave no answer, and three responded 'Turkish'. All three, however, (two born in Cyprus, one in Turkey) had Australian citizenship.
Sixteen of the respondents had Australian citizenship, four did not, but intended to take it out (having been here 6, 7, 8 and 18 years respectively). Two did not have Australian citizenship, and had no intention of taking it out. These were the couple who had been here only nine months; both said they had no intention of remaining in Australia.

Method of Migration
When asked how they had migrated to Australia, 22 respondents said they had been sponsored, whether by family or other Australian citizens, is not stated. 4 replied simply 'ship' (all having arrived in the 1950's), one by Assisted Passage (in 1974), and 4 by Change of Status after temporary entry (1 following an Amnesty in 1973, the remainder since 1979).

Level of Migration
Fourteen respondents stated they had received no education at all. Of these, nine were women. Six said they had received primary education, not specifying the number of years. Five said they had 5 or 6 years primary education, 3 that they had had 3 years primary education, and 4 that they had received secondary education (number of years unspecified). Two said they had studied English on arrival here. Aside from these two, no respondents had received any education in Australia. Thus, some 44% of the sample had had no formal education at all and the majority of the remainder had had only primary education.

Occupation
Seven women said they had been housewives in their country of origin and were housewives here. Twelve women altogether said they had been housewives in their country of origin (including one who stated 'no occupation'). Of these, two became process workers in Australia, one a kitchenhand, and one a cook/cleaner. Of those who had occupations other than housewife in their country of origin, one who had been a hospital cook became a housewife in Australia, one, who had been a farmer, stated her occupation in Australia as 'none' (presumably housewife). Most of the men had been engaged in agricultural or trades work in their country of origin; occupations given included quilt-maker, shoe-maker, shepherd, farmer, and cabinet maker. Five of the seventeen stated no occupation in Australia, having either arrived at retirement age, or having been unable to obtain any work. One who had been a shepherd in Cyprus became a labourer, then butcher and shopowner in Australia. The remaining 10 were in unskilled work in Australia, including two who had held white-collar jobs in Cyprus.

On the whole, the respondents had held low-income jobs in their country of origin, and where they had worked after migration, it was in low-income, low status jobs in Australia.

Income
In relation to source of income, three respondents, all of whom had been in Australia 10 years or longer, stated that they received of the age pension. Nine stated they were receiving the Invalid Pension, four gave Workers' Compensation, Spouse's Workers' Compensation, or Sickness Benefit as their source of income. Seven stated Special Benefit, or Spouse's Special Benefit, of whom one said there had been no Assurance of Support, and two that they had had Change of Status. Two received the Widow's Pension, two Unemployment Benefits, one gave "husband's wage" as source of income and one "investments". One gave no answer, and two respondents who had arrived in 1985 (a married couple?) said they received nil income, and were dependent on their daughter.
Financial Security
To the question "Are you financially secure?", besides the two dependent on their daughter's income, two respondents said they were not financially secure. Of these, one received the Age Pension, and was living with offspring, the other received the Invalid Pension and was living with spouse and offspring. The remaining 28 said they were financially secure.

Command of English Language
Thirteen respondents said they had no English at all. Of these, eight were women. Two respondents were fluent in spoken and written English - both were male Cypriots and secondary educated. Nine spoke and understood minimal English, and read and wrote none, making a total of 24 illiterate in English. Of these, five were men. Four spoke and understood English with some difficulty. One spoke and read minimal English, and one gave no answer.

The ROMMPAS respondents were asked about details of their previous and present study of English.

Eighteen of these twenty-two respondents had studied no English before arriving in Australia, one gave no answer to the question, and three had studied some English in their country of origin. One of the three gave no details about when or for how long he had studied, another said he had studied 50 years ago, and the third claimed to have studied 'for 45 years', though this possibly indicated the length of time he had worked in a partially English-speaking environment in the Cyprus civil service.

Twenty respondents were not currently engaged in any kind of English course, one gave no answer, and one woman was currently undertaking in a course.

Respondents were asked about details of English courses they had undertaken. For twenty the question was not applicable. One, a woman aged over 65, had been to Migrant English classes at Richmond TAFE College, but said she had been unable to learn anything. She had had limited primary education in her country of origin. One, the woman noted above who was currently studying, said she was studying English intensively two days a week, and was very happy with the course. She had had some secondary education in her country of origin.

Importance of English
Respondents were asked how important they considered it to be able to speak, read and write English. Ten considered all those 'very important'. Five considered all those 'important'. Two considered it 'important' to be able to speak, but 'not important' to be able to read and write. Three considered it 'not important' to be able to speak, read or write. Of these, two were men, one aged between 55 and 59, who had been in Australia 3 years and one aged over 65, who had been in Australia eight years. Each had at least some English. The third was a woman, aged 76, who had been in Australia 18 years and spoke no English. Two respondents answered 'don't know'; one had been in Australia 9 months, the other, a man aged over 65, had been 8 years in Australia, and had minimal English.

Fourteen respondents said they had no interest in or intention of undertaking any future study of English - one gave illiteracy as a reason. Two responded 'don't know', one of whom gave old age as a reason. Six said they would like to undertake English classes in the future. Of these,
three did not specify the level at which they would like to study, and three specified 'elementary'. Most of the six were at the younger end of the age range.

The generally low level of respondents' English language skills is backed up by research data in the literature on the difficulties of second language acquisition after middle age, particularly for those with little formal education. Nina Skoroszewski notes that "in relation to aged people for whom English is a second language, it has been established that reverting to one's native language is a frequent occurrence". 7

Other studies also point out that: "Those who have arrived at retiring age under the family reunion scheme may not be able to go through the process of learning a second language as language learning becomes increasingly difficult with age". 8

And further: "The normal problems of old age (ill health, financial insecurity) tend to be worsened by the lack of English. Access to services and information becomes more difficult; communication with members of the community virtually non-existent and communication with the younger members of the family (grand-children born in Australia) seriously limited". 9

In his study of the needs of Italian and Greek aged residents in the municipalities of Northcote and Brunswick, Graham Brewer found that only 4 percent of the ethnic sample spoke fluent English and almost a quarter spoke no English at all.

He goes on: "Data from the present study indicate that for a combination of personal and structural reasons, one's first language has never been abandoned and fluency in a second language has rarely been acquired, especially among women who have spent little time in the labour force. Thus, the critical issue seems to be not the degree to which ethnic aged people revert to their own language, but their capacity to acquire a degree of fluency in a second language that will, inter alia, facilitate their access to services and their participation in community life." 10

Command of Turkish Language

Twelve of the thirty-two said they were fluent in both spoken and written Turkish. Thirteen, of whom nine were women, said they spoke fluently, but were either illiterate, or could read and write only with difficulty. Five said they spoke Turkish with some difficulty, and read and wrote minimally, or not at all. All were Cypriots. One (Cypriot) claimed to speak minimal Turkish, and to be illiterate, and one claimed to neither speak nor read Turkish at all.

Thus there was a significant degree of illiteracy in Turkish shown up in this sample which will have profound implications for provision of services to them. (see Conclusions and Recommendations)

SOCIAL NETWORKS

Living Arrangements

Thirteen respondents lived with their spouse and one or more children. Ten lived only with their spouses, eight only with children, and one alone (a woman, aged 79, from Cyprus).
This supports previous evidence that "most elderly migrants live at home in a variety of family situations". 11

This situation has implications for the perceived need which the ethnic aged have for Council-provided services and the degree to which they utilize them (see Conclusions and Recommendations).

While most respondents have informally expressed satisfaction with their present arrangements, the workers who administered the questionnaire and organised the recreation activity observed that there are in fact underlying tensions in many cases between elderly parents and their children. These can be caused by differences in values between generations, differences over the rearing of grandchildren, resentment felt at their dependence, and simply difficulties caused by living in often crowded circumstances.

Interpreters and Translators

In response to the question "Do you ever require the services of an interpreter or translator?", twenty-six stated that they required the use of an interpreter or translator at least occasionally. Of these, fourteen usually used a family member, four, family members or a bilingual welfare worker, five, bilingual welfare workers only, and one each responded 'Insurance Company', Ecumenical Migration Centre', 'Telephone Interpreter Service', and 'Department of Social Security', two of which could be classified as bilingual welfare workers.

The fact that the majority relied on a family member for most of their interpreting and translating tends to emphasize their considerable dependence on their families and their relative isolation from the rest of the community.

Sick Care

When asked who took care of them in case of illness, one gave no reply, eleven stated 'spouse' (of these, nine were men), three; spouse and family, 13 (of whom 9 women) family, 1 (a man) friend, 1, unmarried, son, one said he was never ill, and another stated 'not applicable'.

Thus 28 out of the total 32 relied on family members for care when they were sick. This is in line with dependance on family members noted in Question 14 above.

Household Repairs

To the question "when household repairs are required, what do you do?", one gave no answer, and one said 'not applicable', one (man) replied 'repair it myself', one he could not afford to have repairs done, and one that he would call the council handyman. One said she would have her spouse look at it. The remaining twenty-three all said they would rely on family members to do whatever job it was.

In the R.O.M.M.P.A.S. survey, respondents were asked with which categories of people they maintained social contact, and how often. The categories given were neighbours, other immigrants of your group. Immigrants of other ethnic groups, people born in Australia, organisations of your ethnic group, religious organisations, clubs/sporting bodies, and other organisations. Respondents were asked whether their contact with each category was frequent, occasional, rare, or never.
Nine respondents said they maintained frequent contact with three or more of the eight categories.

Five had frequent contact with one category, usually neighbours or migrants of the same background, as well as occasional or rare contacts with other categories.

Four respondents claimed no frequent contact with any of the categories listed. All four, however, were married and living with spouse and/or children, indicating some compensation for their isolation. The widows and widowers in the sample reported slightly fewer contacts than those currently married; the one person living alone reported frequent social contact with neighbours, and 'rare' social contact with four other categories listed.

Breaking down the findings on the basis of frequency, the following figures emerge:

12 people had frequent contact with immigrants of the same ethnic group
9 " " " " " neighbours
7 " " " " " ethnic organisations
3 " " " " " religious organisations
3 " " " " " migrants of other backgrounds
2 " " " " " clubs/sporting bodies
1 person " " " " coffee shop

None reported frequent contact with Australian-born people.

8 people had occasional contact with Australian-born people
6 " " " " " neighbours
6 " " " " " migrants of other ethnic groups
3 " " " " " migrants of the same ethnic group
2 " " " " " religious organisations

5 people reported rare contact with ethnic organisations
5 " " " " " migrants of other ethnic groups
3 " " " " " Australian-born people
2 " " " " " religious organisations
2 " " " " " neighbours.

The pattern emerging, therefore in the R.O.M.M.P.A.S. survey, is that outside the family, most common social contacts are with immigrants of the same ethnic group and neighbours; formal organisations have a much less prominent role.

TRANSPORT

Of the 32 individuals in the present study, when asked about arrangements for transport when required, one gave no answer, six (all men), said they drove themselves, seventeen (of whom ten were women) said they relied on their spouse or family to drive them, seven said they took public transport, and one said he took public transport, but only to watch the soccer, quite close by.

HEALTH AND USE OF TRANSPORT

Seventeen claimed no health problem or physical disability which made it difficult to use their usual form of transport. Five of those who drove
themselves listed various physical complaints which made it difficult at times. Five, who were usually transported by their families, said they had difficulties, though not specified, three said they couldn't travel far on public transport, and one that she had never tried public transport. One gave no answer to the question.

**MOBILITY**

In answer to the question "Are you fully independent or do you have difficulties with some activities?", twenty-one of the thirty-two respondents said they were quite independent in their mobility and activities (though this clearly includes several who rely on spouse or family for transport). Two said they had problems, but did not specify, and others listed limitations in the following areas:

- Cooking, washing, ironing - 2
- Using public transport - 1
- Shopping, gardening - 1
- Walking more than 800m - 1
- Leg and back pain - 1
- Not confident to go out alone - 2

It is worth noting here too, that the sample, is on the whole, a relatively young one as far as the elderly population as a whole goes.

**RECREATION**

Twenty-five said they had no particular recreation activities. This included all the fifteen women. Of the seven who did engage in specific activities, four named watching soccer, two walking, and one gardening and walking.

**HOUSEKEEPING**

Nineteen respondents said they did not require assistance with housekeeping - of these 12 were men, of whom it is fair to presume most did not ordinarily do a major portion of the housework anyway. One gave no answer, four said they were assisted by a daughter or daughter-in-law, three said they were assisted by husbands, and one by a son, and one woman living with her husband, said they needed help, but did not get it. None reported use of the council home help service.

**KNOWLEDGE OF AND USE OF SERVICES**

When asked simply "Are you aware of the various community services offered in your municipality?" (Yes/No), twenty-five responded "NO", six "YES" and one gave no answer.

When asked specifically about particular aged community services, nineteen said they knew of none, or gave no answer, or mentioned a private G.P. One listed EMC, seven the Day Centre/Community Health Centre, three the Home Help Service, five the Senior Citizens Centre, one Meals on Wheels, one the Home Maintenance Service, one the Aged Community Transport Service, one unspecified Migrant Services, and one 'Health Worker'.

To the question "Which aged community services offered in your municipality do you use?", twenty-six people answered 'none', gave no answer, or mentioned a private G.P. Four named the Day Centre at the Community Health Centre, of whom one also mentioned the Ethnic Health Worker. One said she had been to the Senior Citizens' Centre once, and one named EMC, although it is outside the municipality.
It should be noted that there is a Turkish-speaking Ethnic Health Worker based at the Sunshine Health Centre, which is why a significant number of those interviewed mentioned either knowing of or using this Centre. It is fair to presume, however, that were the bilingual worker (the only one in the area) not there, most or all of this number would not have effective access to the services offered at this complex.

Respondents were asked if they would use, or increase their use of the services listed, if they were provided by people of their own ethnic origin. Five said the question was not applicable. Three said "NO" - reasons given were 'don't like outsiders', 'family provides assistance', 'don't like groups'. Five said "YES", without specifying which services they would use, mentioning problems of language, distance, and unfamiliarity of the service. Three said they would use welfare services, six the home help service, three Council Home Maintenance, two Health services, and seven Recreational facilities, Senior Citizens' Centres and groups.

It should be noted that several respondents listed more than one service or facility.

### CULTURAL BARRIERS TO USE OF SERVICES

A further question was put as to which community services respondents thought were influenced by cultural or religious barriers. 19 replied that no services were thus affected, or that they had no idea. Two listed religious barriers, two responded 'YES', but gave no specifications, 5 mentioned language barriers, one, language barriers and 'foreigners', one that 'doctors don't like our constant use of their services'. One mentioned language and Turkish culture specifically in relation to Senior Citizens Centres, and one language and mixed sex groups at Senior Citizens facilities. Those who mentioned religion as a barrier to use of services, related it specifically to Meals on Wheels, the food not being prepared according to Islamic dietary regulations.

Overall, though, language was seen as a far more formidable obstacle to use and/or participation than any other cultural factor.

Several who had initially responded that cultural/religious factors did not apply to use of services responded differently to the question in relation to specific services; three said such factors affected use of all services, one that language affected use of transport, and two that health services were not culturally sensitive.

### ADEQUACY OF SERVICES

Twenty-two respondents said the Turkish community was not adequately serviced, when asked the question in Yes/No format. Three said the question was not applicable, two replied 'don't know', four replied that the community was adequately serviced, and one complained specifically of the lack of Turkish-speaking doctors.

### UNMET NEEDS

When asked to specify needs unmet by the community, ten replied that they had none - of these, only one had replied affirmatively to the previous question as to whether services were adequate. Two replied 'don't know', three said they needed more information on services, two said
bilingual doctors were needed and six said Turkish-speaking community workers and information programmes were needed.

Two mentioned the need of recreation and outings, one the problem of isolation, one the absence of assistance from outside the family, one the need for hospital interpreters, one the need for bilingual services similar to those listed above, and one the need for a Turkish Elderly House.

The inherent contradictions in replies to these two questions need some explanation. Turkish workers who interviewed the respondents stressed the near total unfamiliarity of the respondents with the concept of community services as is broadly understood in this country. It was apparent to the interviewers that the respondents did not connect their often acute needs with the types of services which could be provided to help them.

CRITICISMS

Seventeen had no criticisms of existing services - though it should be pointed out that most had no experience of any services to judge on. One gave no answer, one said services were not culturally appropriate, three complained of the lack of bilingual workers, and ten complained that services were inaccessible, or that no information was given about them or assistance in using them.

HEALTH

Respondents were asked whether they considered themselves to be in reasonable health. Twelve said they were, although one of these also indicated he suffered from emphysema. Ten said their health was not good, but gave no further specifications. The remaining ten listed the following complaints.

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always feel sick</td>
<td>3</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>2</td>
</tr>
<tr>
<td>Headaches &amp; blood pressure</td>
<td>1</td>
</tr>
<tr>
<td>Previous coronary attack</td>
<td>1</td>
</tr>
<tr>
<td>Ulcer and back problems</td>
<td>1</td>
</tr>
<tr>
<td>Walking problem</td>
<td></td>
</tr>
<tr>
<td>Heart, diabetes &amp; back problems</td>
<td>1</td>
</tr>
</tbody>
</table>

In response to the question "is there adequate provision of aged health services in your community?". 7 respondents said they felt there was, 8 considered there was not, or had no idea, but gave no further specifications. 9 complained of the lack of bilingual doctors, nurses, welfare workers and other services. 2 said there were inadequate services for the elderly, and the remainder listed the following complaints.

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Liaison</td>
<td>1</td>
</tr>
<tr>
<td>EMC the only service available</td>
<td>1</td>
</tr>
<tr>
<td>All services inadequate</td>
<td>1</td>
</tr>
<tr>
<td>Only the family helps</td>
<td></td>
</tr>
<tr>
<td>Turkish language not recognised</td>
<td></td>
</tr>
<tr>
<td>Nothing at all for the community</td>
<td>1</td>
</tr>
</tbody>
</table>

OTHER COMMENTS

As a final question, respondents were asked if they had any other comments to make. Twenty-one had no comments, and the other eleven made the following comments: 'Not old enough for aged services, so don't know about them' 'Isolated because of language. Meet other Turkish elderly on bus stop seat' 'Home is isolated. Would join in more community activities if
assisted 'Stay at home every day because of sickness. Cannot visit
neighbours or others unless taken by son-in-law' 'Will need services when
grow older' 'Need more services in the region, especially social and
recreational facilities' 'Need transport for outings, and recreational
facilities. Will need home help in future'. 'The Turkish elderly need
support services at home and when in hospital' 'Inadequate rules and
regulations are still prevailing for old age people' 'Inadequate dental
services'.

Outcome of Group Meeting

The respondents to the questionnaire were asked to attend a group meeting
at the Ecumenical Migration Centre on 13/8/86. Some respondents were
unable to attend and others who could do so brought friends with them who
had not completed questionnaires, making a total of 22 people altogether.

The morning programme included information dissemination about local
government and health services for the aged and discussion about their use
or non-use of these in their local area.

This was followed by a lunch prepared by the participants and staff of EMC
and in the afternoon some entertainment in the form of a video of a Turkish
cultural event. The entire programme was conducted in the Turkish language
- where English speakers were involved there was translation into Turkish.

The meeting was considered to be highly successful by both staff and
participants. Most of the group involved themselves in lively conversation
with each other and a large number contributed appropriately to the general
group discussion.

It is significant that the sexes separated completely and spontaneously
for much of the day, this being in keeping with the traditional Turkish
cultural patterns to which those present were accustomed.

Issues which emerged from the morning session reinforced some of the data
coming out of the questionnaire findings, for example:

- lack of knowledge of services for the aged in their local areas
  and the need for this sort of information;
- the need for explanation of what services actually involve, to
  make them relevant to this group of elderly;
- their limited facility in English;
- their problems of isolation and loneliness in the Australian
  community;
- financial problems;
- lack of opportunities for recreational experiences (it was obvious
  that for most this was one of the few opportunities to get away
  from home and socialize with peers);
- requests for further group meetings (this latter persisted long
  after the day of the group meeting).
Another important finding was the obvious strengths within the group - the ability of some members to take a lead in discussion, or to organize and prepare the lunch, or the social skills of a couple of participants - all of which suggest the capacity of group members to take some responsibility themselves in the further development of such a group.
6. CONCLUSIONS

Relative youth of sample

A large number of those interviewed were hardly old, (17 out of 32 were less than 65 years of age) therefore the problems which are shown up here in areas of health and accommodation can be expected to become far more acute in the future, both as these at this age level grow older, and as those who immigrated at working age reach retirement age.

The AIMA "Papers on the Ethnic Aged" highlighted this trend: "Population projections published by the Institute show that the current ethnic aged population born in the Baltic states, the Ukraine, the USSR, Poland and other eastern European countries will peak as proportions of their communities at or about 1991. By 2001 the character of the ethnic aged population will have changed with greater proportions of the Dutch, German and Austrian communities reaching their peak followed thereafter by the southern European communities. Well into the twenty-first century the more recently arrived communities - the Lebanese, the Turks, the South Americans and the Indo-Chinese - will be confronted by similarly ageing populations. 12

With regard to this particular sample, with the likelihood of their deteriorating health and mobility in the near future, the ability of their families to continue to provide support for them is likely to decrease. This has implications for the provision of domiciliary and other support services for the carers of the ethnic aged as well as the ethnic aged themselves.

The increasing strain for the families of the ethnic aged involved in their care and of their need for support services is highlighted in the AIMA (1983) study:

"There is scope for support of both ethnic carers and the ethnic aged by the domiciliary services. Home nursing services aim to provide professional standards of care for their patients. The need for such standards of care is just as great among the ethnic aged. While acknowledging the dedication and good intentions of family carers of the ethnic aged these standards of care cannot be provided if the expertise and knowledge are lacking". 13

There are also implications for the provision of nursing home care for these elderly people in the future.

Educational, Occupational and Income Levels

The very low level of educational attainment by respondents in this sample (28 out of 32 having at most completed only primary education and almost half the group having no formal education at all), has implications for developing strategies to disseminate information regarding services to such a group, their ability to make use of such services and their capacity in old age for adaptation to a new culture. Their difficulties, for example, in making use of the conventional English classes offered to new migrants are easily apparent.

The fact that the majority of respondents had low income, low status jobs in Australia as well as in their country of origin has contributed to their current low income situations and their general inability to make financial provision for more independence in old age.
However, it is interesting to note that the majority of respondents felt financially secure, despite their overall low incomes and frequent partial or total dependence or financial assistance on their families. This may be explained by the fact that for most of them any guaranteed income would give a feeling of security, given that in their countries of origin most would have no guaranteed cash income in old age.

Language Skills

The low level of respondents' language skills has profound implications for appropriate services to them.

13 of the 32 had no English at all and only 4 could be described as in any way fluent.

In addition a significant number were also illiterate or almost illiterate in Turkish.

This suggests that it is not enough for information to be translated into community languages. The spoken word is of great importance in allowing access by the ethnic aged to information.

The 1984 report of "Commonwealth Programmes and Services and Aged Migrants", comments that illiteracy in the migrants native language ..."makes the publication of information on Commonwealth programs in multi-language pamphlets and the ethnic press less effective than could be desired, and emphasise the importance of ethnic radio as a prime medium for information dissemination". 14

Living arrangements and dependence on family

The majority of those interviewed (21 out of 32) were living in three-generational family structures with their children, or children and grandchildren.

The added strains which will be placed on these families in the coming years with the increasing frailty of their aged members has been referred to above.

Even those respondents who did not live with children still relied on a family member for most of their

- interpreting and translating
- sick care
- household repairs
- transport
- housekeeping.

The AIMA (1985) study refers to the fact that where a primary carer was identified for the ethnic aged this person was most likely to be a spouse (39%) a daughter (25%) other relatives (21%) or a son (10%).

"That 95% of the carers were identified as family members demonstrates the importance of the family as a source of care". 15

From this it might be supposed that in fact this group of Turkish elderly - and perhaps the ethnic aged in general - do not utilize domiciliary services because they are being cared for by their families, whether they are living with them or nearby.
However, as has been pointed out above, these carers themselves need support in order to continue caring for their elderly as long as possible.

The AIMA (1985) study goes on to point out that this has implications for information provision re available services:

"In many cases it is not the elderly person as such but the carers - the children or the grandchildren - who are more likely to seek and obtain relevant information or advice and to pass it on to the aged relative."16

The carers, too, may be affected by some or all of the same factors which preclude use of services by the ethnic elderly such as lack of English, lack of confidence in approaching services, wariness of "authority", anxiety about accepting "charity", anxiety about the possible inappropriateness of services, concern about possible costs, etc.

Social Networks and Participation

The heavy reliance on family members for provision of services, indicates that contacts outside the family for this group are fairly minimal.

In addition, the majority of respondents said they had no recreation activities, and those who did (7) all listed what could be seen as solitary pursuits i.e. watching soccer (unless with friends) walking and gardening.

In the R.O.M.M.P.A.S. survey, where respondents were asked with which categories of people they maintained social contact, the answers indicated that outside the family, most common social contacts were with immigrants of the same ethnic group and neighbours.

The AIMA (1985) study linked low participation in social activities with the limited capacity for communication in English among the ethnic aged:

"This pattern of limited capacity for communication in English and limited levels of participation in social activities among the ethnic aged manifests itself in feelings of loneliness and depression. Of the Australian-born aged, 6% said that they felt lonely quite often compared with an average of 16% for the ethnic aged. The proportion reporting frequent loneliness varied substantially according to birthplace, from a low of 5% among the German-born to a high of 32% among Greek-born. Approximately 60% of the ethnic aged reported feeling depressed sometimes or often. Taken together, the data indicate the social difficulties experienced by the ethnic aged."17

Feelings of loneliness and isolation were noted by workers amongst the Turkish elderly in the present study and this was an underlying theme at the group meeting held in August. The participants talked a lot about their lack of social and recreational experiences, particularly with other Turkish speakers and there has been repeated requests for further group meetings and for the establishment of the group in a more formal way.

Knowledge and use of Services

The knowledge and use of community services for the aged amongst this group of ethnic aged was minimal. 19 out of 32 said they knew of no particular aged community services and 26 out of 32 used none of those offered.
The further questions in this area, such as cultural barriers to use of services, adequacy of services, unmet needs, criticisms of existing services, were underlined by the almost total lack of familiarity with the concept of community services as we understand them in this country. Most respondents had (a) little experience of any services or (b) little idea of what they might involve, to base any opinions on.

Notwithstanding this, there were some useful points made about language barriers to use of services, some references to lack of cultural relevance and sensitivity of some services, comments about the need for accessible information about services, the need for bilingual workers, and the need for more opportunities for social and recreational gatherings.

There was no use by participants in this study of the established Senior Citizens Centres in the 3 municipalities. This lack of use of this community facility by the ethnic aged generally is reinforced by a recent study by AIMA of the municipality of Springvale:

"In Springvale, as elsewhere, there is very little access to the clubs by the ethnic elderly, despite the fact that clubs are supposed to be for all elderly people in the municipality. The clubs have not sought to attract members from the non-English-speaking communities, nor have they always welcomed the few that did try to use the facilities. The members have a strong sense of 'ownership' of the club facilities. Among the non-English-speaking communities in Springvale, there appears to be little interest in joining in the activities of the clubs with the existing members, and a general preference for ethno-specific socialising". 18

The ethnic aged have not joined Senior Citizens Centres in large numbers, despite the fact that this is the main program directed at overcoming loneliness in the elderly community generally.

Reasons for this and ways these services could be improved to overcome loneliness and isolation amongst the ethnic aged have been suggested in the AIMA (1983) study.

"Senior citizens' centres as presently structured are not attractive to the individual aged migrant who is looking for commonality of culture and language. The resident group is threatened by large numbers of ethnic aged from the same ethnic group wishing to join in their activities. This would create internal divisions. Some ethnic aged prefer a group that meets only once a week. There is scope for the sharing of senior citizens' centre facilities to accommodate this need. One of the functions of welfare officers funded in conjunction with senior citizens' centres is to assist in the formation of and to support elderly groups. This function is relevant to the formation of elderly groups of the ethnic aged.

Isolated ethnic aged need to be reached and assisted to form social groups of elderly. Initiative through these welfare officers and support from councils through the provision of transport are required". 19

In the present study, no Turkish elderly were thought to be using Senior Citizens Centres in the municipalities of Footscray and Keilor - in fact little was known of the numbers or needs of the Turkish elderly population by the co-ordinators of aged services in these municipalities. There was some knowledge of their existence in the City of Sunshine and some evidence of participation by them in the multicultural centres there.
However, one of the difficulties which the Turkish elderly population faces in all 3 municipalities (and presumably elsewhere) is that it is relatively very small. Some of the larger ethnic groups in these areas have set up their own ethno-specific get-togethers, for example, the Italians, Greeks, Maltese and Dutch. Most Councils reported difficulties in incorporating such groups into the existing Senior Citizens Centres (except for Keilor, where the Centre at St. Albans apparently has an active participation by a range of ethnic groups simultaneously over a 7 day week) and where Council facilities were utilized by these groups they did so separately (ie. one day per week for different nationalities).

Many of these ethno-specific groups did not use Council facilities at all and operated independently, using church halls or other agencies as bases. In some cases they were, or had initially been, supported by welfare workers from a variety of organizations, in particular the Migrant Resource Centres in their regions.
7. RECOMMENDATIONS

Need for more attention to Turkish elderly

It was not possible in this study to estimate the exact numbers of elderly Turkish people in the Western Region, but clearly this knowledge would assist in the planning of services for them.

The fact that the Turkish elderly are a reasonably unknown group to council community services staff in each of the 3 municipalities looked at here, suggests that they could only benefit from more attention given to them as a group. This is particularly so, since this sample was on the whole relatively young. Their need for and likely use of services will increase in the next few years, as will their numbers over the next decade or two, as their children reach retirement.

Need for innovative strategies to inform Turkish elderly about available services.

Any strategies to disseminate information to this particular group of ethnic aged will have to take account of their

- low educational attainment;
- low level of respondents' language skills, not only in English, but also in Turkish;
- lack of previous experience of such services.

It is therefore recommended that information about services (not only municipal, but health, social security, etc.) be:

- provided in written Turkish in brochures or via the Turkish language press;
- provided verbally via ethnic radio or by the use of "speakers" wherever a group of such elderly may be gathered;
- provided by use of bilingual workers where appropriate (see below);
- provided with the fullest explanation possible, taking into account cultural differences.

Need for more bilingual workers for Turkish elderly

It is recommended that more bilingual workers be made available to the Turkish community in this region, in the areas of domiciliary services, health and recreation especially, if the Turkish-speaking elderly are not to become increasingly isolated and dependent on their children.

Given the present relatively small numbers of Turkish elderly both in the survey sample and in the Western suburbs generally, there will be obvious difficulties for service providers whether they be local councils, government departments or community agencies in employing appropriate bilingual staff to meet their needs as well as those of the many other ethnic communities in the region. One possible strategy to overcome this could be the sharing of bilingual workers among two or more municipalities on a roster basis.

Appropriate targeting of information.

The current dependence of this group of Turkish elderly on their families has been noted as has the fact that this is likely to increase in the next few years.
It is therefore recommended that information about services be aimed at the families who are caring for elderly Turkish relatives, not only at the elderly themselves, and that opportunities be taken to support such families where possible.

Need for more social and recreational facilities

The families who care for elderly relatives need relief from time to time and the group of elderly Turkish-speaking people in this study has expressed the desire for more social and recreational opportunities to combat loneliness and isolation.

It is recommended that service planners in the region consider this need and the desire and necessity for such social and recreational experiences to be ethno-specific.

Formation of group for participants in this study

There have been many requests from participants in this study for further group activities and for the establishment of the group in a more formal way.

It was also discovered that the group had some strengths in terms of the leadership potential, social and practical skills of some participants.

It is therefore recommended that the Ecumenical Migration Centre seek out possible sources of funding for the establishment of a Turkish Elderly Group which would include paying the part-time salary of a bilingual person to work with the group for a period of time and ultimately prepare it for self-management.
FOOTNOTES


2. Ibid, p.31.

3. This report was not completed in time to be used as a reference for this present study. It is currently being printed for distribution. (Dec. 1986)

4. Weiss, Karen: Western Region social profile, April '84, p.(i).

5. Ibid, p.(i).

6. City of Footscray: Aged services information brochure.


17. A.I.M.A. (1985), op.cit., p.34.


6. Ethnic Liaison Officer Scheme Working Group no. 4: Commonwealth programmes and services and aged migrants: a review of the Commonwealth Government social welfare benefits and services relevant to the needs of the migrant aged. [n.p.] 1984. CHOMI


9. Wiess, Karen: Western region social profile, prepared for the Western Suburbs Regional Consultative Council by the Western Suburbs Regional Centre, Department of Community Services. [n.p.] 1984. CHOMI